

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 557 351

FILING DATE

11.18.05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14	1		1			
15						
16						
17						
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23						
24						
25						
26						
27	1		1			
28						
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35						
36						
37						
38						
39						
40						
41		1		1		
42		1		1		
43						
44						
45						
46						
47						
48						
49						
50		1		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		1		1		
53		1		1		
54						
55		1		1		
56		1		1		
57		1		1		
58		1		1		
59		1		1		
60						
61		1		1		
62		1		1		
63						
64		1		1		
65		3		3		
66		3		3		
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	65	←		←
TOTAL CLAIMS			68			

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